

Claims Clues

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Tax ID Required to Direct Payment Correctly

For the past three years, AHCCCS has required providers to enter their tax identification number on all fee-for-service claims submitted to the AHCCCS Administration.

Now that tax ID number – not a locator code – will determine the address to which payment is sent.

Previously, a provider's two-digit service address locator code (01, 02, 03, etc.) was linked to one or more pay-to addresses. A provider's pay-to address is the address on the reimbursement check from AHCCCS.

Providers should continue to append the service address locator code to their AHCCCS provider ID number to indicate the address where a service was performed. However, using the locator code will no longer direct payment to a specific address.

If a provider's record shows

more than one address linked to a tax ID number, the system will direct payment and the Remittance Advice to the first address with that tax ID number.

Providers who wish to have reimbursement checks directed to more than one address must establish a separate tax ID number for each address. Providers must then enter the appropriate tax ID number on the claim form to direct payment to the correct address.

If no tax ID is on file, the AHCCCS system will deny the claim because it will be unable to direct payment to a specific address.

HCFA 1500 Paper Claims

Enter the tax ID in Field 25 and check the box labeled "SSN" (Social Security Number) or "EIN" (Employer Identification Number).

HCFA 1500 Electronic Claims

Enter the tax ID in Record Type BA0, Positions 32-40

UB-92 Paper Claims

Enter the tax ID in Field 5.

UB-92 Electronic Claims

Enter the tax ID number in Record Type 10, Positions 8-17.

NOTE: The field is 10 positions long, but AHCCCS only requires nine positions. To ensure that data is mapped correctly, Record Position 17 should be left blank. Providers should *not* enter a leading zero in Record Position 8 in order to fill all 10 positions.

Providers who have questions about tax ID information in their provider file with AHCCCS should contact the AHCCCS Provider Registration Unit at:

- (602) 417-7670 (Option 5)
- 1-800-794-6862 (In state)
- 1-800-523-0231 Ext. 7670 (Out of state) ☐

ESP Claims Must Meet Federal Definition

Claims for services provided to recipients eligible under the Emergency Services Program (ESP) must be submitted to the AHCCCS Administration with documentation that supports the emergent nature of the services provided.

For a claim to be considered for reimbursement, the services billed must meet the federal definition of emergency services:

Emergency services are services that:

- Are *medically necessary*, and
- Result from the *sudden onset* of a health condition with *acute symptoms*, and
- Which, in the absence of *immediate* medical attention, are *reasonably likely* to result in at least one of the following:
 - Placing the individual's health in *serious jeopardy*, or

- *Serious impairment* to bodily functions, or
- *Serious dysfunction* of any bodily organ or part.

Providers must attach supporting documentation to the HCFA 1500 or UB-92 claim form submitted to AHCCCS for all services rendered to ESP recipients. Examples of documentation include operative reports, progress notes, summary (Continued on Page 2)

ESP Claims Must Meet Federal Definition

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letters, etc. The documentation must verify the medical emergency as defined in the federal guidelines. Providers should not attach the entire medical record.

Providers also must check the emergency box on the HCFA

1500 claim form (Field 24I). The Admit Type (Field 19) on the UB-92 must be a "1" to identify the services billed as an emergency.

Providers should continue to follow the billing instructions in the *Fee-For-Service Provider Manual*.

Questions about *covered*

services should be directed to the AHCCCS Office of Medical Management at (602) 417-4241

Questions about *billing* should be directed to the AHCCCS Claims Customer Service Unit at:

- (602) 417-7670 (Phoenix area)
- (800) 794-6862 (In state)
- (800) 523-0231 (Out of state) □

Changes Coming to Behavioral Health Services

The Arizona Department of Health Services/Division of Behavioral Health Services (ADHS/BHS) has made changes to the array of covered behavioral health services.

The changes, which became effective October 3, are designed to provide a more flexible service package, to support development of individual/family-centered delivery models, and to recognize and reimburse support services provided by certain non-licensed providers such as community service providers.

As a result of these changes, new AHCCCS provider types have been assigned to many AHCCCS-registered behavioral health providers. Also, certain providers licensed by the ADHS Office of Behavioral Health Licensure are eligible to be reimbursed for services provided to Title XIX (Medicaid) recipients. These providers must register with AHCCCS. Providers impacted by these changes have been notified.

The new provider types and new provider IDs assigned to the

affected providers became effective October 3.

Here is a list of phone numbers for providers to contact with questions about:

- License or Title XIX certification: ADHS/OBHL, (602) 674-4300
- Other ADHS/BHS issues: Suzanne Rabideau, (602) 381-8999, extension 227
- AHCCCS registration: AHCCCS Provider Registration, (602) 417-7670, Option 5
- Other AHCCCS issues: Diane Somerville, (602) 417-4648 □

IHS Practitioners Must Bill Medicare Part B

Effective with claims for dates of service on and after July 1, 2001, Indian Health Service (IHS) physicians and other practitioners must bill Medicare Part B for services furnished in hospitals and ambulatory care clinics when a recipient is both Medicare and AHCCCS eligible.

In addition to physicians, this requirement applies to podiatrists, dentists, psychologists, optometrists, physician assistants, nurse practitioners, certified



nurse-midwives, audiologists, certified registered nurse anesthetists, and therapists (occupational, physical, respiratory, and speech).

Previously, these providers "zero-filled" HCFA 1500 claims for AHCCCS recipients covered by Medicare, since they could not be reimbursed by Medicare. Now these providers will bill Medicare first for the dual eligibles.

TrailBlazer Health Enterprises, the IHS Medicare Part B carrier, will automatically cross the claims over to AHCCCS for payment of coinsurance and deductible. IHS providers need not submit paper claims to AHCCCS for payment of coinsurance and deductible. □